

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

37535

1. PLACE OF DEATH

County Polk Registration District No. 7016
Township Jackson W Primary Registration District No. 5923
City Walden, Mo. (No. 123)

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mary Alice Sewell
(a) Residence, No. Walden, Mo. R3 St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. A. Sewell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January - 1 - 1880
7. AGE YEARS 53 MONTHS 10 DAYS 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lousieffe, -
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper County, Missouri

13. NAME Airam Nail

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

15. MAIDEN NAME Mary Stipp

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT W. A. Sewell (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn Cemetery DATE Nov. 21, 1933

19. UNDERTAKER (ADDRESS) Dr. H. H. Hume

20. FILED Jan 1, 1934 Dr. M. L. Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1933, to Nov. 20, 1933

I last saw her alive on Nov. 20, 1933. Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage of the brain

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Other contributory causes of importance: _____

(Name of operation) Exploratory incision Date of Nov. 18, 1933

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) L. E. McQuinn, M. D.

(Address) Walden, Mo.

Morrisville Mo.

Jan 11, 1934

Missouri State Board Health

Bureau of Vital Statistics,

Jefferson City

Dear Sir -

Jan 13 1934

Enclose find death certificate
out now. That should have gone to
Jackson Township - for lack of time
in making up yr report, at your
office, I am sending on to your
and registration my book under
Jackson Township - Been very careless
that a death certificate should be
sent out so long. Our registration
has been very light this yr.
In Missouri seems to have effected better
vital and death, we want to thank
you for your kindness through last yr.
and wish you happiness, and prosperity
for the coming yr - Respectfully
Mrs. Grace Miller Davis
Plus send envelop and monthly report cards -